| * PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  091-0109 10/086121 197  |   |   |               |                               |                      |                  |                    |                  |                        |         |                     | 27-                    |
|---|---|---|---------------|-------------------------------|----------------------|------------------|--------------------|------------------|------------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |               |                               |                      |                  | SM<br>TYI          | ALL E            | NTITY                  | OR      | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |   |   | 22            |                               |                      |                  | F                  | RATE             | FEE                    |         | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED  |                               | NUMBER EXTRA         |                  | ВА                 | SIC FEE          | 370.00                 | OR      | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 2.7 minus 20= |                               | * 7                  |                  | 7                  | X\$ 9=           |                        | ΟŔ      | X\$18=              | 126                    |
| INDEPENDENT CLAIMS  |   |   |               |                               | •/                   |                  | X42=               |                  |                        | OR      | X84=                | 84                     |
| MU  | LTIPLE DEPEN  | DENT CLAIM PF                             | RESENT        |                               |                      |                  | +140=              |                  |                        | OR      | +280=               | -                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |               |                               |                      |                  | TOTAL              |                  | ОR                     | TOTAL   |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |   |   |               |                               |                      |                  | S                  | MĄLL             | ENTITY                 | OR      | OTHER<br>SMALL      |                        |
| ENT A   | describes a g   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | . 1,5         | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA | F                  | ATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A   | Total "   | . 27                                      | Minus         | *** 0                         | 77                   | = /              | ×                  | \$ 9= .          |                        | OR      | X\$18=              |                        |
|   | Independent   | * 4<br>NTATION OF MU                      | Minus         | ***                           | <del>/</del>         | =                | <b>\rightarrow</b> | (42=             |                        | OR      | X84≃                |                        |
|   | FINST PRESE   | NIAHON OF MU                              | JETIPLE DEF   | ENUEN                         | CLAIM                |                  | +                  | 140=.            |                        | OR      | +280=               |                        |
|   |   |   |               |                               |                      |                  | ADE                | TOTAL<br>IT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
|   |   | (Column 1)                                |               | (Colu                         |                      | (Column 3)       | ,                  |                  |                        |         |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA | F                  | ATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus         | **                            |                      |                  | ×                  | \$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent   | *   | Minus         | ***                           | C) A154              | -                | >                  | (42=             |                        | OR      | X84=                | •                      |
| _   | FIRST PRESE   | NTATION OF ML                             | ILITPLE DEF   | ENDEN                         | CLAIM                |                  |                    | 140=             |                        | OR      | +280=               |                        |
|   |   |   |               |                               |                      |                  |                    | TOTAL<br>IT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
|   |   | (Column 1)                                |               | (Colui                        | mn 2)                | (Column 3)       | ما                 | ni. rec          |                        | •       | ADDII. FEE          |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA | R                  | ATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus         | **                            |                      | =                | ×                  | \$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent   | *   | Minus         | ***                           |                      | <b>=</b> ·       | <b> </b>           | 42=              |                        | OR      | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |               |                               |                      |                  |                    | 140=             |                        |         |                     |                        |
| • 1   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |               |                               |                      |                  |                    |                  |                        | OR      | +280=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |   |               |                               |                      |                  |                    |                  |                        |         |                     |                        |
|   |   | ber Previously Pai                        |               |                               |                      |                  | r found i          | n the ap         | propriate box          | c in co | lumn 1.             |                        |
|   | DTA: 075 1/0m; 0/   |   |               |                               |                      |                  | Detect o           | ad Žanda         | nark Office U          | 0.000   | 4 0 T 4 T 4 T       | COMMEDCE               |

Application or Docket Number